PATENT APPLICATION Q-57406

4/3/03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

re application of

Rodolphe NASTA

Appln. No.: 09/471,281

Group Art Unit: 2683

Confirmation No.: 7223

Filed: December 23, 1999

Examiner: Miller, B.

For: A SATELLITE WITH OMINIDIRECTIONAL COVERAGE

PETITION FOR EXTENSION OF TIME UNDER 37 C.F.R. § 1.136 RECEIVED

Commissioner for Patents Washington, D.C. 20231

APR 0 2 2003

Technology Center 2600

Sir:

Pursuant to 37 C.F.R. § 1.136, Applicant hereby petitions for an extension of time of three (3) months, extending the time for responding to the Office Action of September 24, 2002 to March 24, 2003.

A check for the statutory fee of \$930.00 is attached. Please charge any additional fees under 37 C.F.R. § 1.16 or § 1.17 necessary to keep this application pending in the Patent and Trademark Office or credit any overpayment to Deposit Account No. 19-4880. A duplicate copy of this sheet is enclosed.

03/31/2003 MAHMED1 00000055 09471281

01 FC:1253 02 FC:1202 930.00 01 -72.00 01 -252.00 01 -280.00 01 Respectfully submitted,

John H/Mion | N Registration No. 18,879

SUGHRUE MION, PLLC 2100 Pennsylvania Avenue, N.W. Washington, D.C. 20037-3213 (202) 663-7901

WASHINGTON OFFICE

PATENT TRADEMARK OFFICE
Date: March 24, 2003



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No.: 09/471,281

Group Art Unit: 2683

Confirmation No.: 7223

Filed: December 23, 1999

Examiner: Miller, B.

For: A SATELLITE WITH OMINIDIRECTIONAL COVERAGE

MULTIPLE DEPENDENT

<u>AND</u>

EXCESS CLAIM FEE PAYMENT LETTER WITH REQUIRED FEES

APR 0 2 2003

Commissioner for Patents Washington, D.C. 20231

Technology Center 2600

Sir:

An Amendment Under 37 C.F.R. § 1.111 is attached hereto for concurrent filing in the above-identified application. The resulting multiple dependent claim fee and excess claim fee has been calculated as shown below:

	After Amendment		Highest No. Previously Pai For	d						
All Claims	24	-	20	=	4	X	\$18.00	=	\$ 72.00	
Independent	6	-	3	=	3	X	\$84.00	=	\$252.00	-
•	· · · · · · · · · · · · · · · · · · ·			•	SUB'	TO'	TAL	=	\$324.00	-
Multiple Dependent Claim Fee									\$280.00	
					TOTAL FEE I	RE(QUIRED		\$604.00	

A check in the amount of \$604.00 for the multiple dependent and excess claim fees is enclosed. Please charge any additional amount to said Deposit Account No. 19-4880. A duplicate copy of this letter is enclosed.

Respectfully submitted

John H. Mion

Registration No. 18,879

SUGHRUE MION, PLLC 2100 Pennsylvania Avenue, N.W. Washington, D.C. 20037-3213 (202) 663-7901

WASHINGTON OFFICE

PATENT TRADEMARK OFFICE

Date: March 24, 2003